

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047824

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

139
FILED DEC 26 1963

4225

89

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oregon		c. CITY OR TOWN Oregon	
Length of stay in lb 25 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Henry Ferguson		4. DATE OF DEATH Month Day Year December 17, 1963	
5. SEX M	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5/02
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Oregon, Missouri
13a. FATHER'S NAME Andrew J. Ferguson		13b. MOTHER'S MAIDEN NAME Cora Bell Nichols	14. NAME OF HUSBAND OR WIFE Katie Ferguson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no		16. SOCIAL SECURITY NO. 3	17. INFORMANT Mrs. W. H. Ferguson Oregon, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PL. BADLE HEART DISEASE IN CARDIAC REGION. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 30 MINUTES
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HAD BEEN RECEIVING TOTAL DISABILITY - BACK INJURY.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HE TURNED THE CRANK OF A GARDEN TRACTOR, AND IT KICKED, JERKING HIS ARM, PRODUCE A SHARP PAIN TO CHEST. PATIENT WAS HELPED INTO REFILE, AND DIED WITHIN A FEW MINUTES.	
20c. TIME OF INJURY Hour Month, Day, Year 4 p.m. 12-17-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION OREGON, HOLT MO.
21. I attended the deceased from NO. to and last saw her alive on 12-17-63		Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Howard E. Callin R.D.		22b. ADDRESS Oregon Mo.	22c. DATE SIGNED 12/19/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/19/63	23c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery	23d. LOCATION (City, town, or county) Oregon, Missouri
24. FUNERAL DIRECTOR James H. Pettigrew		25. DATE RECD. BY LOCAL REG. 12-20-1963	26. REGISTRAR'S SIGNATURE James H. Pettigrew

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.